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FACSIMILE TRANSMISSIONDATE: **FEBRUARY 15, 2008**TO: Hard Copy to Follow via Mail: **No**

NAME	FAX NO.	PHONE NO.
USPTO	571-273-8300	

FROM: SARA GEER

RE: U.S. NATIONAL PHASE APPLICATION NO. 10/574671

CLIENT/MATTER NO.: 100325.0284US	NUMBER OF PAGES, INCLUDING COVER: 3
U.S. NATIONAL PHASE OF PCT/US06/09103	
JOHN MAK	
INTEGRATED NGL RECOVERY AND LNG LIQUEFACTION	

MESSAGE:

Please find attached Revocation, Power of Attorney document. Please note that I cannot file the document electronically since I do not have a confirmation number for this application.

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PTO/SB/82 (01-06)

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**REVOCATION OF POWER OF
ATTORNEY WITH
NEW POWER OF ATTORNEY
AND
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/574,671	RECEIVED CENTRAL FAX CENTER FEB 15 2008
Filing Date		
First Named Inventor	John Mak	
Art Unit		
Examiner Name		
Attorney Docket Number	100325.0284US	

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number: 24392☒ Please change the correspondence address for the above-identified application to:☒ The address associated with
Customer Number:

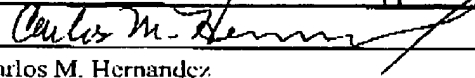
24392

OR

<input type="checkbox"/> Firm or Individual Name			
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I am the:

☐ Applicant/Inventor.☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Signature			
Name	Carlos M. Hernandez		
Date	2/13/08	Telephone	

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ *Total of 1 forms are submitted.

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